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PATENT

Docket No.: 19226/2091 (R-5629)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)	: Kostyniak et al.)	Examiner:
)	N. Levy
Serial No.	: 09/982,821)	
)	Art Unit:
Cnfrm. No.	: 8272)	1616
)	
Filed	: October 18, 2001)	
)	
For	: NOVEL PHARMACEUTICAL)	
	FORMULATION TO LIMIT OR DELAY)	
	SURFACE ABSORPTION)	

AMENDMENT

Mail Stop: Non-Fee Amendment

Commissioner for Patents

P.O. Box 1450

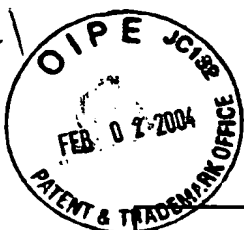
Alexandria, VA 22313-1450

Dear Sir:

In response to the October 31, 2003, office action, please amend the above-identified patent application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 4 of this paper.



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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/982,821	
	Filing Date	October 18, 2001	
	First Named Inventor	Kostyniak	
	Group Art Unit	1616	
	Examiner Name	N. Levy	
Total Number of Pages in This Submission	7	Attorney Docket Number	19226/2091

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> A copy of the Notice to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Georgia Evans, Esq. Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1672 Fax: (585) 263-1600
Signature	
Date	January 30, 2004

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	
I hereby certify that this correspondence is being:	
<input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450	
<input type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____	
1/30/04 Date	 Signature Karen Holynski Typed or printed name